

SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS

(See instructions on reverse)

OMB Number: 9000-0006

Expires: 04/30/2001

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to the FAR Secretarial (MVR), Office of Federal Acquisition Policy Division, GSA, Washington, D.C. 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED		
a. COMPANY NAME					
b. STREET ADDRESS			4. REPORTING PERIOD FROM INCEPTION TO CONTRACT THRU		
			<input type="checkbox"/> 31-Mar <input type="checkbox"/> 30-Sep YEAR		
c. CITY	d. STATE	e. ZIP CODE	5. TYPE OF REPORT		
2. CONTRACTOR'S ESTABLISHMENT CODE			<input type="checkbox"/> Regular <input type="checkbox"/> Final <input type="checkbox"/> Revised		
DUNS No.					

6. ADMINISTERING ACTIVITY (Please check applicable box)

<input type="checkbox"/> Army	<input type="checkbox"/> Defense Logistics Agency	<input type="checkbox"/> DOE
<input type="checkbox"/> Navy	<input type="checkbox"/> NASA	<input type="checkbox"/> OTHER FEDERAL AGENCY (specify)
<input type="checkbox"/> Air Force	<input type="checkbox"/> GSA	

7. REPORT SUBMITTED AS (check one and provide appropriate number)		8. AGENCY OF CONTRACTOR AWARDED CONTRACT	
<input type="checkbox"/> PRIME CONTRACTOR	PRIME CONTRACT NUMBER	a. AGENCY'S OR CONTRACTOR'S NAME	
<input type="checkbox"/> SUBCONTRACTOR	SUBCONTRACT NUMBER	b. STREET ADDRESS	
9. DOLLARS AND PERCENTAGES IN THE FOLLOWING BLOCKS		c. CITY	d. STATE
<input type="checkbox"/> Do Include Indirect Costs	<input type="checkbox"/> Do Not Include Indirect Costs		e. ZIP CODE

SUBCONTRACT AWARDS

TYPE	CURRENT GOAL		ACTUAL CUMULATIVE	
	Whole Dollars	Percent	Whole Dollars	Percent
10a. Small Business Concerns (include SDB, WOSB, HBCU/MI) (Dollar Amount and Percent of 10c)	\$0	0.0%	\$0	0.0%
10b. Large Business Concerns (Dollar Amount and Percent of 10c)	\$0	0.0%	\$0	0.0%
10c. Total (Sum of 10a and 10b)	\$0	0.0%	\$0	100.0%
11. Small Disadvantaged (SDB) Concerns (Include HBCU/MI) (Dollar Amount and Percent of 10c)	\$0	0.0%	\$0	0.0%
12. Woman-Owned Small Business (WOSB) Concerns (Dollar Amount and Percent of 10c)	\$0	0.0%	\$0	0.0%
13. Historically Black Colleges and Universities (HBCU) and Minority Institutions (MI) (If applicable) (Dollar Amount and Percent of 10c)	\$0	0.0%	\$0	0.0%
14. HubZone Small Business (HubZone SB) Concerns (Dollar Amount and Percent of 10c)	\$0	0.0%	\$0	0.0%
15a. Veteran-Owned Small Business (VOSB) Concerns (Dollar Amount and Percent of 10c)	\$0	0.0%	\$0	0.0%
15b. Service-Disabled Veteran-Owned Small Business Concerns (Dollar Amount and Percent of 10c)	\$0	0.0%	\$0	0.0%
16a. Remarks				

16b. NAME OF INDIVIDUAL ADMINISTERING SUBCONTRACTING PLAN	16c. TELEPHONE NUMBER	
	AREA CODE	NUMBER